the following:—Lying quite insensible; pupils contracted; pulse 51. Neither asking for anything nor making known his wants in any way. There was no excess of urine in the bladder. These symptoms, as well as my previous acquaintance with the case, led me to conclude that there was an abscess lying beneath the frontal wound. On this account I demanded the assistance of another Doctor. Calomel was given in small doses every two hours.

The following day two pieces of bone came away, and on the ensuing day some two pieces more of bone were extracted. It was then proposed to trephine, as the attempts to raise the depressed bone were ineffectual.

On the 27th I enlarged the wounds longitudinally and laterally by a crucial incision. Another effort was then made to raise the bone by means of the elevator; while doing so, the matter which was very offensive, got exit, and in a few minutes our patient opened his eyes, and said, "Doctor, you are hurting me." He soon began to recognise those around him.

The following day the depressed bone was broken off, so as to leave no source of irritation; a quantity of sanious matter exuded, which was succeeded by a copious discharge of pent-up pus. As soon as the opening was cleaned the pulsations of the brain became quite visible. Mercury, with chalk, had been administered until salivation was effected, so as to guard against any tendency to meningitis.

February 1.—There has been a copious discharge from the wound, which is filling up with fibrous tissue. Patient going on very favourably; pulse 80; there is no relaxation of the sphincters.

24th.—Is now quite recovered.—*Dublin Medical Press and Circular*

GUN-SHOT WOUND OF THE BRAIN, THE BALL TRAVERSING BOTH HEMISPHERES. RECOVERY.

By John C. Hutchison.

Lydia Lista, a little girl aged seven years, walked to my office July 4, 1864, with her mother, who stated that her daughter had been injured by a buck-shot fired from a toy cannon by her brother while at play. She fell to the ground immediately on receipt of the injury, and vomited soon afterwards. I introduced a probe into the external wound, which was situated on a level with the top of the right ear and half an inch posterior to it, expecting from the appearance of the child that the shot had not punctured the skull. The probe, however, entered the brain substance and passed in about four inches. There was no opening on the opposite side of the skull. I expressed an unfavorable prognosis, and sent the